



Receipt

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Herbert Baechler
Serial No.: 09/605,039 Art Unit: 2644
Filed: June 27, 2000
Title: "DEVICE FOR ADAPTING AT LEAST ONE ACOUSTIC HEARING AID"
Docket No.: 32771US1

7
10/23/01
MB

LETTER REQUESTING CORRECTED FILING RECEIPT **RECEIVED**

Asst. Commissioner of Patents
Office of Initial Patent Examination
Customer Service Center
Washington, D.C. 20231

OCT 23 2001
Technology Center 2600

Sir/Madam:

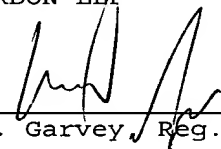
Enclosed is a copy of the Official Filing Receipt for the above-identified application. The receipt contains an error in the "Domestic Priority data as claimed by applicant" section of the receipt. The section should read as follows:

This Application is a Continuation of PCT/CH99/00355
07/29/1999.

Please issue a corrected filing receipt for this application and forward the same to the undersigned attorney of record.

Respectfully submitted,

PEARNE & GORDON LLP

By 
Michael W. Garvey, Reg. No. 35878

526 Superior Avenue, East
Suite 1200
Cleveland, Ohio 44114-1484
(216) 579-1700

October 10, 2001

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Office of Initial Patent Examination, Customer Service Center, Washington D.C. 20231 on the date indicated below.

Michael W. Garvey
Name of Attorney for Applicant(s)
10-10-2001
Date
Signature of Attorney

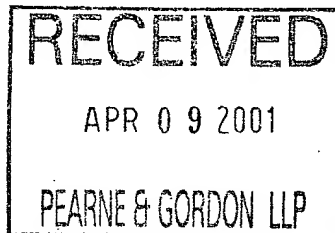


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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/605,039	06/27/2000	2644	950	32771US1	2	5	1

000116
PEARNE & GORDON LLP
526 SUPERIOR AVENUE EAST
SUITE 1200
CLEVELAND, OH 44114-1484



CONFIRMATION NO. 8774
CORRECTED FILING RECEIPT



OC000000005938183

Date Mailed: 04/05/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Herbert Baechler, Meilen, SWITZERLAND;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 08/24/2000

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

Title

Device for adapting at least one acoustic hearing aid

Preliminary Class

381

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Data entry by : SMALLWOOD, EAON

Team : 1600

Date: 04/05/2001





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Bib Data Sheet

CONFIRMATION NO. 8774

SERIAL NUMBER 09/605,039	FILING DATE 06/27/2000 RULE	CLASS 381	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. 32771US1
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APPLICANTS

Herbert Baechler, Meilen, SWITZERLAND;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF PCT/CH99/00355 07/29/1999

** FOREIGN APPLICATIONS *****

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** 08/24/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 2	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

000116

TITLE

Device for adapting at least one acoustic hearing aid

FILING FEE RECEIVED 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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